Recipient Committee Campaign Statement Cover Page		30 8 3300	CALIFORNIA 460
	Statement covers period from 01/01/2022	Date of election if applicable: (Month, Day, Year)	Page 1 of 4 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through 06/30/2022	11/05/2024	The state of the s
Type of Recipient Committee: All Committees – Complete Parts Officeholder, Candidate Controlled Committee O State Candidate Election Committee O Recall (Also Complete Part 5) General Purpose Committee O Sponsored O Sponsored O Small Contributor Committee O Political Party/Central Committee	omplete Parts 1, 2, 3, and 4. Primarily Formed Ballot Measure Committee Composored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below)	☐ Quarterly Statement ☐ Special Odd-Year Report ☐ Supplemental Preelection Statement - Attach Form 495
3. Committee Information	1.D. NUMBER	Treasurer(s)	
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Mike Cordero for Council 2024		NAME OF TREASURER Trent Benedetti MALING ADDRESS	
STREET ADDRESS (NO P.O. BOX)		2151 S College Dr Ste 101	E ZIP CODE ARE
a college Di ace	DE AREA CODE/PHONE	Sanca Maria NAME OF ASSISTANT TREASURER, IF ANY	CA 93455 (805) 922-4881
Santa Maria CA 93455 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	5 (805)922-4881 OX	MAILING ADDRESS	
CITY STATE ZIP CODE	DE AREA CODE/PHONE	CITY	STATE ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS arybee@aol.com		OPTIONAL: FAX / E-MAIL ADDRESS	
4. Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjuny under the laws of the State of California that the foregoing is true and correct. Executed on Table By Signatured or Assistant Treasurer or As	this statement and to the best of my knove that the foregoing is true and correct. By By	wledge the information contained herein and in the	attached schedules is true and complete. I certify
Executed on	By By By	Confrolling Unicertoides, Candidale, State Measure Proponent of Responsible Unicer of Sponsor Signature of Confrolling Office holder, Candidale, State Measure Proponent	sitie Cimoer at sportsor
Executed on Date		Signature of Controlling Officeholder, Candidate, State Measure Proponent FPP	PPC Form 460 (Jan/2016) FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

ıç.



Officeholder or Candidate Controlled Committee	nittee	6. Primarily Formed Ballot Measure Committee	t Measure Co	mmittee	
IAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE			
like Cordero		GITTLE GO CHITCHE	MOITGIGSIGHT		
DFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER ity Council Member	CT NUMBER IF APPLICABLE)	BALLOI NO. OR LEITER	JORISDICTION		☐ SUPPORT ☐ OPPOSE
SINESS ADDRESS (NO. AND STREET)	STATE	Identify the controlling officeholder, candidate, or state measure proponent, If any.	ceholder, candid	late, or state measure	proponent, if any.
.324 Ruby Ct. Sc	Santa Maria CA 93454	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	DIDATE, OR PROPO	ONENT	
Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.	atement: List any committees or are primarily formed to receive indidacy.	OFFICE SOUGHT OR HELD		DISTRICT NO. IF ANY	IF ANY
OMMITTEENAME	I.D. NUMBER			-	
IAME OF TREASURER	CONTROLLED COMMITTEE?	7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.	lidate/Officeho	older Committee	ist names of
OMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	!]	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	SUPPORT
STATE ZIP (ZIP CODE AREA CODE/PHONE	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	SUPPORT
:OMMITTEE NAME	I.D. NUMBER	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	SUPPORT
IAME OF TREASURER	CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	SUPPORT
:OMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	sox)				
STATE ZIP (ZIP CODE AREA CODE/PHONE	Attac	h continuation s:	Attach continuation sheets if necessary	

ment	
e Statemen	
ámpaign Disclosure	ø)
gn Dis	rv Pag
ámpai	Summary Page

SUMMARY PAGE

				TOU I TOURINGO
Simmary Dage	Amounts may be rounded		Statement covers period	CALIFORNIA ACO
	to whole dollars.	from	01/01/2022	FORM 400
SEE INSTRUCTIONS ON REVERSE		through _	06/30/2022	Page 3 of 4
NAME OF FILER				I.D. NUMBER
Mike Cordero for Council 2024				1390966
Contributions Received	Column A TOTALTHIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidate	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions Schedule A, Line 3	00.00	00.00	General Elections	
2. Loans Received Schedule B, Line 3	0.00	0.00	1/1 th	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1+2	00.00	00.00	20. Contributions	e
4. Nonmonetary Contributions	0.00	0.00	res	
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	00.00	00.00		\$
Expenditures Made			Expenditure Limit Summary for State	Summary for State
6. Payments Made Schedule E, Line 4	\$ 462,90	\$ 462.90	Candidates	
7. Loans Made Schedule H, Line 3	0.00	0.00	20 C	
8. SUBTOTAL CASH PAYMENTS Add Lines 6+7	\$ 462.90	\$ 462.90	(If Subject to	(If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)schedule F, Line 3	0.00	0.00	Date of Election	Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3	0.00	0.00	(mm/qd/yy)	
11. TOTAL EXPENDITURES MADE	\$ 462.90	\$ 462.90		€
			,	e
12 Beginning Cash Balance Previous Summary Page Line 16	3,898,68	•		
	0.00	no calculate Column B, add amounts in Column A to the		
ncreases to Cash	0.00	corresponding amounts from Column B of vour last	*Amounts in this section m	*Amounts in this section may be different from amounts
15. Cash Payments	462.90	report. Some amounts in	reported in Column B.	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 3,435.78	column A may be negative figures that should be		
If this is a termination statement, Line 16 must be zero.		subtracted from previous period amounts. If this is		
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	the first report being lifed for this calendar year, only carry over the amounts		
Cash Equivalents and Outstanding Debts	00.0	from Lines 2, 7, and 9 (if any).		
19. Outstanding Debts Add Line 2+ Line 9 in Column B above				

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Payments Made Schedule E

Amounts may be rounded to whole dollars.

FORM Page 4 01/01/2022 06/30/2022 from

through

SCHEDULE E

460

CALIFORNIA

Statement covers period

4 ₽

I.D. NUMBER

1390966

SEE INSTRUCTIONS ON REVERSE

Mike Cordero for Council 2024

NAME OF FILER

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment

member communications

meetings and appearances campaign paraphemalia/misc. campaign consultants

office expenses contribution (explain nonmonetary)*

independent expenditure supporting/opposing others (explain)* fundraising events

candidate filing/ballot fees

civic donations

Š CNS ₩ ₩ ₩ 문문 29

campaign literature and mailings

legal defense

postage, delivery and messenger services professional services (legal, accounting) polling and survey research

print ads

petition circulating

phone banks

information technology costs (internet, e-mail) voter registration

transfer between committees of the same candidate/sponsor

t.v. or cable airtime and production costs

campaign workers' salaries

returned contributions

radio airtime and production costs

staff/spouse travel, lodging, and meals

candidate travel, lodging, and meals

462.90 AMOUNT PAID DESCRIPTION OF PAYMENT 유 CODE PRO NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Benedetti & Associates, CPA INC. 2151 S College Dr Ste 101 Santa Maria, CA 93455

462.90 SUBTOTAL \$ ď Payments that are contributions or independent expenditures must also be summarized on Schedule

Schedule E Summary

462.90 S 1. Itemized payments made this period. (Include all Schedule E subtotals.)

0.00 00.0 € € 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) 2. Unitemized payments made this period of under \$100

462.90

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) FPPC Form 460 (Jan/2016) www.fppc.ca.gov